

Partnership Tracking Form

This form is intended to capture information on each of your *We Can!* partnerships. Use this form to record partnership activities for future reference.

Partnership	
Organization's Name:	
Type of Organization: (e.g., government agency, clinic, supermarket, local vendor, school district, etc.)	
How did you identify and recruit this partner?	
Did you use any We Can! materials or presentations to recruit this partner? If so, which ones?	
Did you need to create additional materials about <i>We Can!</i> for this partner? If so, what types?	
Is this partner connected to any of We Can!'s national partners?	
How do they support your We Can! programming? (e.g. materials, staff support, financial support, etc.)	
Is their support a one-time occurrence or an ongoing relationship? Please provide the date or length of the partnership.	